

PART H, DIVISION V COMMUNITY SUPPORT PROGRAM (CSP)	SECTION III PRIOR AUTHORIZATION	ISSUED 06/92	PAGE 5H3-001
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A. CSP SERVICES Community Support Program (CSP) services do not require prior authorization and do not count towards the \$500/15 hour prior authorization threshold for mental health and Alcohol and Other Drug Abuse (AODA) services.

B. CLOZAPINE
MANAGEMENT
SERVICES **Requesting Prior Authorization for Clozapine Management**
All Clozapine Management services must be prior authorized by the WMAP. The same Prior Authorization Clozapine Attachment (PA/CZA) may be used for requesting prior authorization for both Clozapine and Clozapine Management.

The CSP requesting Clozapine Management must obtain a copy of the PA/CZA which was used in requesting prior authorization for Clozapine and attach this to a Prior Authorization Request Form (PA/RF) for Clozapine Management. The prior authorization requests for Clozapine and Clozapine Management should be submitted together to EDS. A sample PA/RF for Clozapine Management is found in Appendix 9 of this handbook. Prescription orders dated within two months must accompany prior authorization requests.

Refer to Appendix 11 of this handbook for a sample PA/CZA, and to Appendix 10 for PA/CZA completion instructions.

Authorization Criteria

Clozapine Management is approved when requested if the recipient is approved for use of the drug and the recipient does not reside in a nursing facility. Clozapine is deemed appropriate for an individual with an ICD-9-CM diagnosis of 295.10-295.95, who has a documented history of failure of at least two psychotropic drugs. Lithium Carbonate should not be considered one of the two failed drugs. Failure includes:

- no improvement in functioning level;
- continuation of positive symptoms (hallucinations or delusions);
- severe side effects;
- tardive dyskinesia/dystonia.

The provider must fully complete the PA/CZA. Authorization is for a period of up to six months.